



LTCS BEST PRACTICE CATALOG SUBMISSION COVER SHEET

TYPE OF SUBMISSION:

☒

NEW

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REVISED - Replaces

Current submission catalog number

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UPDATE - To

Current submission catalog number

☐

CHANGE IN CONTACT INFORMATION

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Date Submitted To Hospital/Division: _____

Approved for submission to LTCS Best Practice Committee

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Date Submitted To LTCS Best Practice Committee: _____

Approved for submission to LTCS Best Practice Catalog

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LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: **BPSR- Bio-Psycho-Social-Rehabilitation**

Function Category:

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PATIENT-FOCUSED

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ORGANIZATION

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STRUCTURES

Sub-category(s): Care of the Patient

Heading: Programming

Contact Person: Jim Neville, RT CORE Program Director

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Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

- ☒ Staff Training Materials
- ☒ Administrative Directive
- ☒ Video Training with Pre & Post Test

1. **SELECTION OF PROJECT/PROCESS AREA** (Describe how and why your team selected this project/process area for improvement.):

Atascadero State Hospital (ASH) uses a **Biopsychosocial Rehabilitation (BPSR)** treatment model which is defined as a system-wide, collaborative approach to the treatment of the persistently mentally ill and mentally disordered which emphasizes the patient's strengths over his weaknesses. It helps him to develop skills for coping with his mental illness, the demands of everyday life, and practical work situations which permit him to function safely at his highest level of independence upon discharge. In this way, BPSR represents a comprehensive linkage and progression between hospital and community treatment.

The treatment plan establishes the primary clinical interventions to be provided to the patient. It includes the results of a comprehensive, multidisciplinary assessment called the Atascadero

Skills Profile (ASP) that identifies the patient's relative strengths and focuses treatment on dispositionally relevant functional deficits and symptoms.

2. UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT

(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

Authority for this treatment approach is obtained from the California Administrative Code, Title 22, Division 5; the Department of Mental Health Special Order No. 509, and Mental Health Documentation System policy, established in conformity with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and policy and procedures as approved by the Hospital Executive Director.

3. ANALYSIS (Describe how the problem was analyzed.):

4. IMPLEMENTATION (Describe your implementation of the solution.):

The ID Team convenes with the patient and other individuals involved in the care of the patient (including family and significant others when appropriate) to set treatment objectives based on the reason(s) that the patient was admitted to ASH and pertinent assessment findings. The patient's problems are prioritized according to the danger they pose to the patient or others, the degree of distress caused to the patient, and the degree to which symptoms and skills deficits represent barriers to discharge from both legal and functional points of view. **All treatment is planned with the goal of optimizing the patient's successful adaptation to his next dispositional placement. BPSR treatment interventions are designed to meet the specific symptomatic and skills-training needs of the patient. As such, BPSR emphasizes psychopharmacological and behavioral interventions.**

The physician determines which of the symptoms identified on the PMRI will be identified as a focus of treatment. The physician collaborates with the patient in evaluating the risks and benefits of medication and other medical treatment, and in defining expected responses.

All assessments necessary for scoring the Atascadero Skills Profile (ASP) are completed by the assigned staff prior to the team meeting. Final ASP ratings are based on consensus following team review. The ID Team determines which of the identified skill deficits from the ASP will become a focus of treatment, and sets measurable objectives for the patient to achieve. In addition to helping the patient overcome barriers to discharge, treatment objectives will also address enhancing the patient's current abilities and strengthening his social network.

All information necessary to complete the treatment plan using the Computer Assisted Treatment Plan – Atascadero (CATPA) will be provided to the team recorder by the close of the team meeting. The team recorder is responsible for completing all required data entry by the end of the next business day and filing a draft of the treatment plan in the patient's medical record. The dictating clinician is responsible for dictating the narrative summary within forty-eight (48) hours of the team meeting. Narrative summaries must include all elements of the approved

narrative summary guidelines. Final treatment plans are routed to the Program Director for quality review prior to filing in the patient record.

The ID Team prescribes Planned Scheduled Treatment (PST) activities, which progressively meet the patient's treatment readiness, skills building, and discharge preparation needs. These activities assist the patient to develop the requisite skills to cope with his mental illness/disorder, prevent relapse, and take care of himself at the highest level of independence permitted by his condition and the constraints of his post-hospital placement. PST activities are described in "protocols" and are collected and maintained in each Program's Treatment Formulary. Each protocol will specify which skill deficit the treatment activity addresses as defined by ASP domains and items. Interventions that are to be carried out as part of the twenty-four (24) hour nursing care of the patient are also listed.

The patient's responses to prescribed treatment and twenty-four (24) hour nursing care are evaluated at the time of each regularly scheduled ID Team conference and as dictated by the needs of the patient. The patient's response to medication is evaluated by comparing changes in scores on the PMRI. Skills acquisition is evaluated via changes in ASP scores over the course of treatment.

An integrated evaluation system continuously monitors delivery of BPSR treatment programs and guides the ongoing adjustment or redesign of treatment interventions, the training and monitoring of staff competence, and the allocation of treatment resources. This system is based in part on clinical data generated during the treatment planning process.

5. RESULTS (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

The BPSR approach helps us to ensure that we provide treatment appropriate to the level of dispositional need for our patients. Data from our Post Hospital Outcomes inventory helps us to determine if we have successfully prepared our patient for their disposition.

6. LEARNING (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

The continuous loop of assessment→treatment planning→treatment intervention→evaluation, ensures that as the patient gains skill, new goals are established until all goals for discharge are met.